

2008-2009 MMTA Twin Cities Piano Exam Scheduler

(Send completed/signed invoice to: MMTA Office, 10800 Lyndale Ave S, Ste. 263, Bloomington, MN 55420.)



Name: _____ **Phone:** _____
Address: _____ **Email:** _____

Date	District	Number of Students	x \$0.30 per student	Payment (For Office Use)
			\$0.30	\$
			\$0.30	\$
			\$0.30	\$
			\$0.30	\$
			\$0.30	\$
			\$0.30	\$
			\$0.30	\$
			\$0.30	\$

Sub Total: \$ _____

Invoice Total: \$ _____

Scheduler's Signature *(Required for payment):* _____